

# Idaho's Flex Program Evaluation Activities

2008 Update: What we are doing and why

Presenter:

Rochelle Schultz Spinarski



#### Federal Evaluation Guidance

- Requirement for federal funding
- Federal programs: measurement focused, pay-for-performance
- Health Resources and Services
   Administration, Office of Rural Health
   Policy

## Health Resources and Services Administration Office of Rural Health Policy

- What to measure
  - Changes in CAHs
    - Margins, use of HIT, QI
  - Changes in communities
  - Work of grantees
- Quantitative vs. qualitative measures
  - Who receives funding, how much, benefits
  - Demonstrated buy-in from stakeholders
  - Needed rural support/services what's available now vs. before Flex

### Idaho's Completed Evaluation Activities

- April 15 August 15, 2005 Full Program Evaluation
- Spring 2006
  - Survey of CAH administrators (100% response rate)
- Summer 2006
  - 2 CAH case studies (Kellogg and Montpelier)
- Summer 2007
  - 2 case studies (McCall and Preston)
- Fall 2007
  - Flex Program Annual Report
- Summer 2008
  - 1 Case study (Bonners Ferry)

#### 2008 Case Study

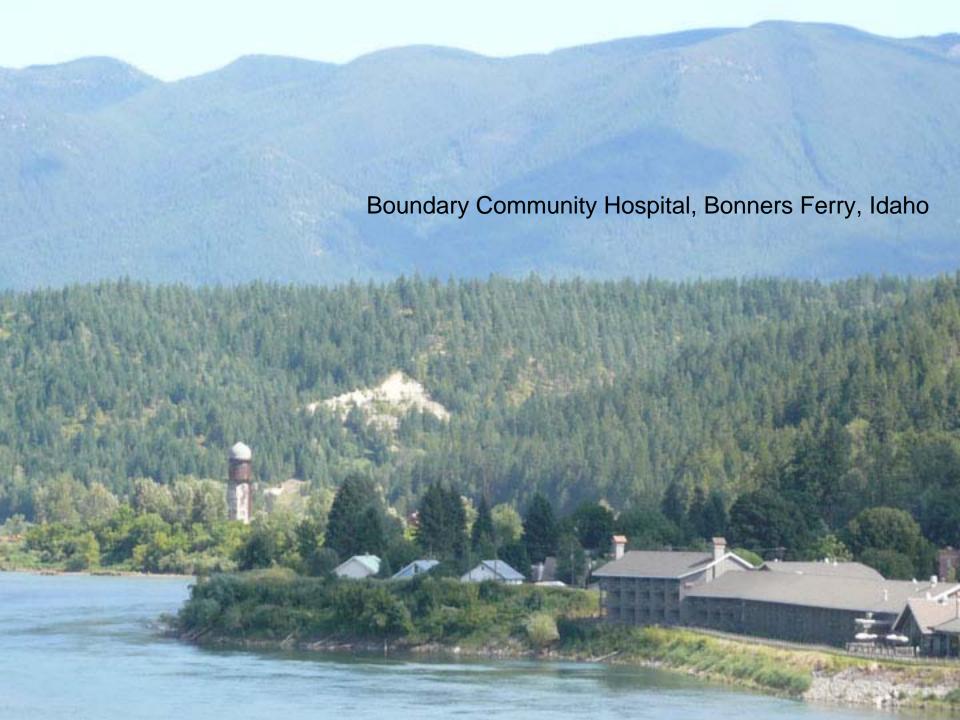


#### Case Study Intent

- Identify and measure Flex Program activities impacting CAHs, local EMS, and communities
- Identify changes occurring at the local level due to hospitals' conversion to CAH status,
- Identify indicators of progress/the lack of progress towards meeting national Flex Program goals at the local level and areas where work is still needed
  - When possible quantify changes that have occurred (e.g. PI and QI)

#### Case Study Methods

- Community background info review
- Survey of CAH medical staff
- Community focus group/interviews
- Board member interviews
- CAH staff interviews
- Site-visit



#### Bonners Ferry Case Study Highlights Outcomes Achieved

- 1st hospital in Idaho to convert to CAH status
- Changed its use of its swing bed program
- Added services
- Upgraded equipment
- Took the lead in opening an FQHC
- Renovated and expanded its physical plant
- Financial performance improved
  - Days in A/R declined by 145 days
  - Decreased uncompensated care
  - Improved total margin
- Increased salaries and developed grow-your own training programs which have decreased recruitment times
- Increased integration of staff training between the hospital and EMS which has resulted in community networking and improved community relations

- Networking with Kootenai Medical Center to provide tele-psychology services
- Health care providers report their overall opinion of the hospital and the care provided as "very good" (57%) or "good" (43%)
- Hired a part-time EMS administrator
- Formalized the relationship between the medical director, EMS agency, and the hospital
- Significant improvements in LTC have resulted in two deficiency-free surveys
- Won a quality improvement award from BlueCross BlueShield of Idaho for being the "Best Small Hospital" as well as other quality improvement awards
- First hospital in the state to develop a pneumococcal immunization registry that is connected with physician offices and the attached long-term care unit. Today, 100% of patients are immunized (except those that refuse)

#### Bonners Ferry Case Study Highlights On-Going Needs

- On-going financial issues (although improved still struggling)
- Expansion of services but lack of space
- Staff have been unable to resolve inappropriate patient ER use for primary care needs
- Address access issues related to mental health services, transportation, and the lack of community knowledge about the services available at the CAH and FQHC (community reported)
- Health care providers' limited access to continuing education opportunities (health care provider reported)

- Coordinate the strategic plans of the three regional networks in the state with the state's rural health plan and its overall Flex Program planning activities
- EMS blackout areas still exist and the area does not have enhanced 911 services
- Community need for drug awareness education, in particular related to prescription drugs
- Meeting the needs of the uninsured and underinsured
- Leverage the momentum from a grassroots community health improvement movement that is evolving

#### Next Steps Nov 2008 – August 2009

- Flex Program annual report winter
- 2 case studies (sites TBD) spring
- Case study report of findings summer

If you have questions or are interested in participating in a case study, contact Rochelle Spinarski at 651-261-6219 or email at <a href="mailto:rspinarski@mindspring.com">rspinarski@mindspring.com</a>

